TRICARE Management Activity
Uniform Business Office

How To: Medical Affirmative Claims (MAC) Billing

Air Force, Army, and Navy Panel

23 April 2013 0800-0930
25 April 2013 1400-1530

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MAC authority

- Federal Medical Care Recovery Act
  (42 U.S. Code, Chapter 32, Sections 2651-2653)
- Federal Claims Collections Act
  (31 U.S. Code, Chapter 37, Section 3711)
- Workers' Compensation Statutes – Federal and State
- Collections from Third Party Payers
  (10 U.S. Code, Chapter 55, Section 1095)
- UBO Manual
  (DoD 6010.15-M, chapter 5)
- Service-specific guidelines

MAC Rates

- Rates are same as TMA UBO Inpatient Adjusted Standardized Amounts (ASA) and Outpatient Itemized Billing (OIB) rates but must first be approved by Office of Management and Budget (OMB) and published in the Federal Register (FR)
  - Use OMB-approved rates based on date(s) of service
  - http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates/mac.cfm
- Prescription drugs rates do not require OMB approval thus are not affected by OMB publishing delays; use rates applicable on date of service
  - http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates/pharmacy.cfm
- MAC collections are reported on a monthly basis

TRICARE Management Activity
Uniform Business Office

How To: Medical Affirmative Claims (MAC) Billing
USAF
Flight Chief, Resource Management Office

Objectives

- Medical Affirmative Claims (MAC) Definition
- Responsibilities
- Key HSI Areas
- The MAC Process
- Creating Bills

What Is MAC

- Program Outlined in DoD 6010.15-M (chapter 5), AFI 41-114, AFI 41-115, AFI 41-120, and AFI 51-502, Personnel and Government Recovery Claims (primarily SJA responsibility)
- Illness sustained as a result of an injury by a tortuously liable third party. Dollars recouped from liability insurances for retirees, family members, and Active Duty (AD) who receive treatment at government expense as a result of injury (includes food poisoning)
- Dollars collected for MTF treatment deposited directly into MTF O&M-separate from TPC/MSA (sales code 94)
- Civilian medical care costs deposited into General Treasury unless MTF pays for care (dollars returned to MTF)

What Is MAC

Types of liability insurance billed

- Automobile
- No-fault and/or Personal Injury Protection (PIP)
- Boat and Airplane
- Products and/or Manufacturers
- Premises
- General Casualty (slip/fall) or Umbrella (covers a variety of personal properties)
- Homeowner's and/or Renter's
- Medical Malpractice (other than Federal)
- Workers' Compensation – Treatment/care provided to beneficiaries for work-related injuries

- Does not include care/treatment provided to Federal employees or Active Duty Military Personnel who are injured on their DoD job

Responsibilities

- Clinics/Appointment Clerk
  - ID potential MAC cases in CHCS appointment module
  - Reporting potential cases on AF Form 1488 (Daily Log of Patients Treated for Injuries)
  - Attend required training
- MAC Clerk
  - Train Staff
  - Collect and Review AF Form 1488s
  - Ensure Medical Care Recovery Program (MCRP) or Staff Judge Advocate (SJA) and base safety receive 1488 in a timely manner
  - Initiate/track MAC claim packet; AF Form 438, All current & future Medical documentation pertaining to case
  - Maintain MAC Log

Responsibilities

- MAC Clerk (Cont'd)
  - Conduct Reconciliation of open/transferred/closed cases
  - Provide correct Line of Accounting to MCRP for payment
- MCRP
  - Review 1488s
  - Identify MAC Cases
  - Conduct follow-up on cases
  - Deposit Funds
  - Provide DD Form 1131s to facility on paid claims
  - Conduct Reconciliation of open/transferred/closed cases

The names and contact information on this slide have been redacted for posting on the TMA UBO Web site. For MCRP contact information, please contact your Service representative.

Key HSI Area

- IAW with 41-120 26.6, “The Medical Facility will conduct a quarterly reconciliation… The reconciliation will consist of a review of the status of each claim (open, transferred, closed). Discrepancies will be corrected and a written report will be forwarded to the SJA and MDG/CC”
  - Expect to have discrepancies!
  - MAC reconciliations are a HSI inspection item
  - Report reconciliation findings to the UBO Compliance Committee

Identifying the Patient

- Patient has a Third-Party illness or injury
  - Can be identified by the check-in clerk who manually completes the AF 1488
  - Can be identified using an Ad-Hoc report in CHCS that will create an electronic AF 1488
    - Instructions can be found on the AFMOA VectorCheck Web site at: https://vc.afms.mil/AFMOA/SGA/SGAR/SGARUBO/default.aspx
  - Can be identified by the MAC enhancement Tool

MAC Enhancement Tool Background

- When a provider sees a patient with an injury, the provider must code the injury
- These are identified in the “E” series diagnosis codes
- The provider sees the patient and codes the encounter, ex. E929.0 (late effects of motor vehicle accident)
- Provider completes the visit and orders RAD, LAB and/or pharmacy as applicable

- In CHCS, type “INJ” – this will prompt you to enter a date
- Enter the dates you would like to check for injuries
- This is the automated 1488 that has all the fields that the 1488 does (e.g., place of injury, type of injury, date of injury)
  - This information is pulled from ADS in CHCS from the provider entering an “E” diagnosis code

Patient Identified Investigation Starts

- MCRP or SJA has identified to you (the MAC clerk) to open the case, you need to complete the 438
- In AHLTA, print all encounters related to the injury. You will have to read the notes, because provider is only responsible to code the initial injury visit with the E code
- In the SOAP note under A/P, it will give all the ancillaries the provider enters (Pharm, LAB, RAD)

- In CHCS (finding the E&M or CPT for visit):
  - Type “ADS”
  - Select “1” (modify patient ADM Record)
    - You will not modify anything
  - Patient search (MP)
  - Enter patient name
  - Type in date range of service
  - Find corresponding injury visits
  - Collect diagnosis, any CPT or E&M for 438
  - Exit,
    - Will ask if you are sure you want to exit without saving; select “YES”

- Depending on visit type you will find E&M and/or CPT code in ADS module
  - e.g., back manipulation in Family Practice, will have CPT. Physical Therapy will have CPT but no E&M
- You will not find CPT codes for LAB and RAD here; however, check all codes in ADS module

Pharmacy

- Once identified that the provider ordered meds relating directly to injury, then proceed
  - Special attention to medication
- In AHLTA:
  - On left-hand side under the patient, click MEDS
  - Double click the corresponding prescription
  - Annotate NDC and quantity
- Use TMA UBO Pharmacy Estimator to calculate price
  - Input information (NDC, quantity, date)
  - Price includes applicable dispensing fee
  - Annotate on 438: NDC, quantity, date and price

- Once identified that the provider ordered labs relating directly to injury, then proceed
- Look in O/P portion of note (AHLTA), it will have lab test listed, annotate name of lab test

- In CHCS:
  - Type “INQ”
  - CHCS will ask what file you want to inquire about
  - Type “Laboratory Test”
  - Type in name of lab test from AHLTA, that was ordered by provider
  - CHCS will ask “standard caption with output?”
    - Type “Yes”
- When standard caption is displayed, review information for CPT code
  - Side note: ensure the O/P lab test matches exactly with the CHCS one selected
- This will pull up information about the lab test, including CPT code
- Enter CPT code on 438

- When identified in the O/P section of encounter that RAD was done relating to the injury
- In AHLTA:
  - Click RAD under the patient name
  - Click on the corresponding date of service and the RAD procedure
  - Annotate the procedure number displayed
- Go into CHCS type “INQ” it will ask you from what file do you want to inquire type “RAD”

- In CHCS:
  - Type “INQ”
    - CHCS will ask from what file do you want to inquire
  - Type “Radiology Exam”
  - Put in exam number annotated from AHLTA
  - CHCS will ask “any other proc,” press “Enter” to go past
  - CHCS will ask “standard caption with output?”
    - Type “Yes”
- CHCS will display two pages of info on the patient’s procedure (e.g., # of views, CPT code, the radiology technician that completed the procedure)
- Annotate CPT code on 438

CHCS Example

EXAM NO.: [redacted] NAME: [redacted]
PROCEDURE: KNEE,RT (2) (AP & LAT ONLY) EXAM STATUS: COMPLETE
ORDER TASK NUMBER: 15 Jan 2010 ORDER DATE/TIME: 15 Jan 2010@0904
REQUESTING HCP: NELSON,TARA EXAM DATE/TIME: 15 Jan 2010@0906
ROOM: RAD ROOM 1 ARRIVAL DATE/TIME: 15 Jan 2010@0906
DEPARTURE DATE/TIME: 15 Jan 2010@0917
DIVISION: 509 MED GP WHITEMAN AFB MO
RADIOLOGY LOCATION: RADIOLOGY MAIN LOCATION IMAGING TYPE: RADIOLOGY
ORDER PRIORITY: ROUTINE REQUESTED EXAM DATE/TIME: 15 Jan 2010
PATIENT CATEGORY: OUTPATIENT
REQ. WARD/CLINIC: FAMILY HEALTH CLINIC TEAM A
REQ. LOCATION CODE: BGAA/0076 PATIENT MOBILITY STATUS: AMBULATORY
PERFORMING TECHNICIAN: EDMONDS,JAMES A QA TECHNICIAN: EDMONDS,JAMES A
TOTAL EXPOSURES: 2 DEPARTURE STATUS: EXAMINED
WORKLOAD COMPLETED: YES
PROCEDURE: KNEE,RT (2) (AP & LAT ONLY) STATUS: CREDIT
MODIFICATION DATE/TIME: 15 Jan 2010@090633 USER: NELSON,TARA M
CPT CODE: 73560 TECH COMP IN SUSPENSE: ADDED TO SUSPENSE FILE
TECH COMP BILLING DISPOSITION: NOT BILLABLE
PROF COMP IN SUSPENSE: ADDED TO SUSPENSE FILE

Radiology, Additional Info

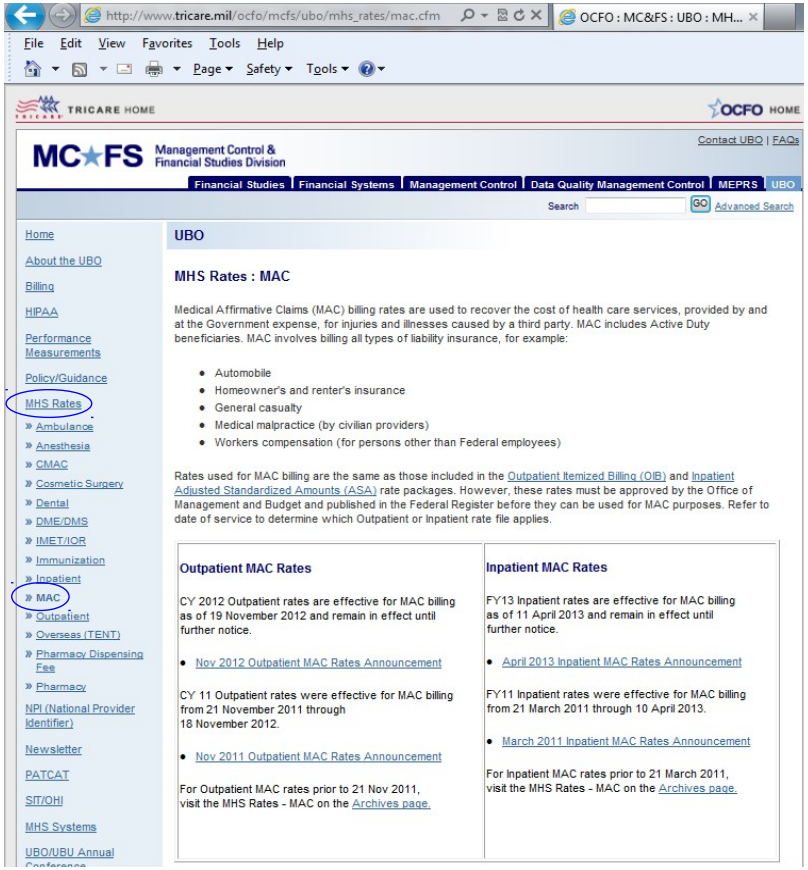
- Rate depends on your facility
- There are two components of RAD: Technical and Professional
- Technical is the RAD Technician that shot RAD
- Professional is the Radiologist that read the RAD
- If you send your RAD off to be read, cannot bill for this

Determining Which Rate to Use

UBO Web site:
http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates.cfm

MHS Rates / mac.cfm

1.Determine rate effective dates based on date of OMB approval publication in the Federal Register



MHS Rates / cmac.cfm

Outpatient:

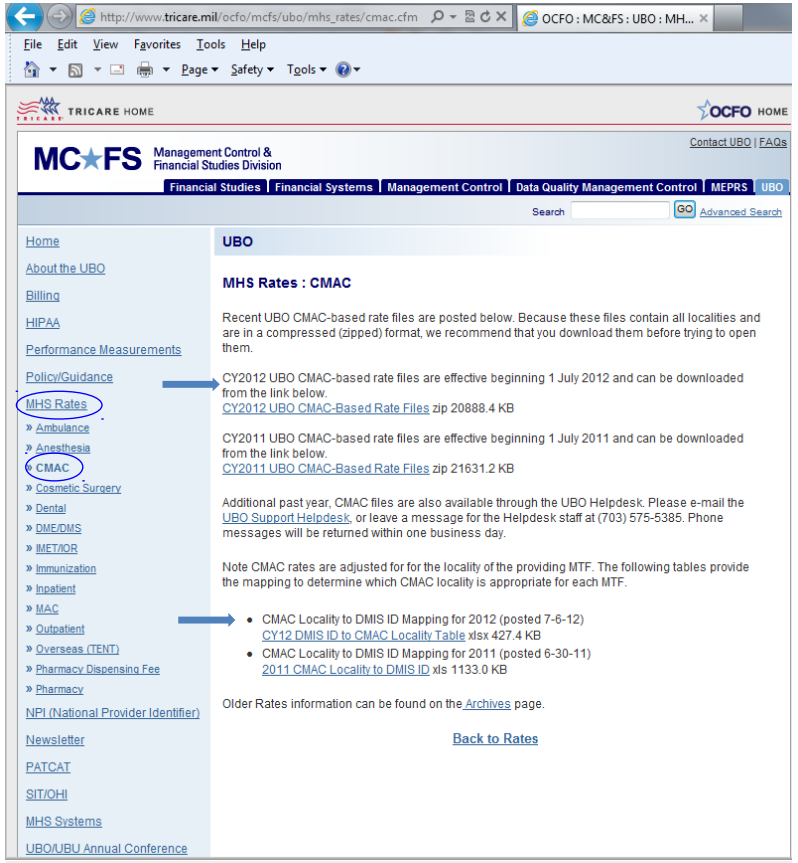
2.Find your CMAC locality according to your DMIS ID

3.Click on link for the current CMAC-based rate files

Inpatient:

2.Multiply MS-DRG by applicable MTF ASA rate

3.If length of stay exceeds length of stay threshold, contact the UBO.Helpdesk@altarum.org for assistance

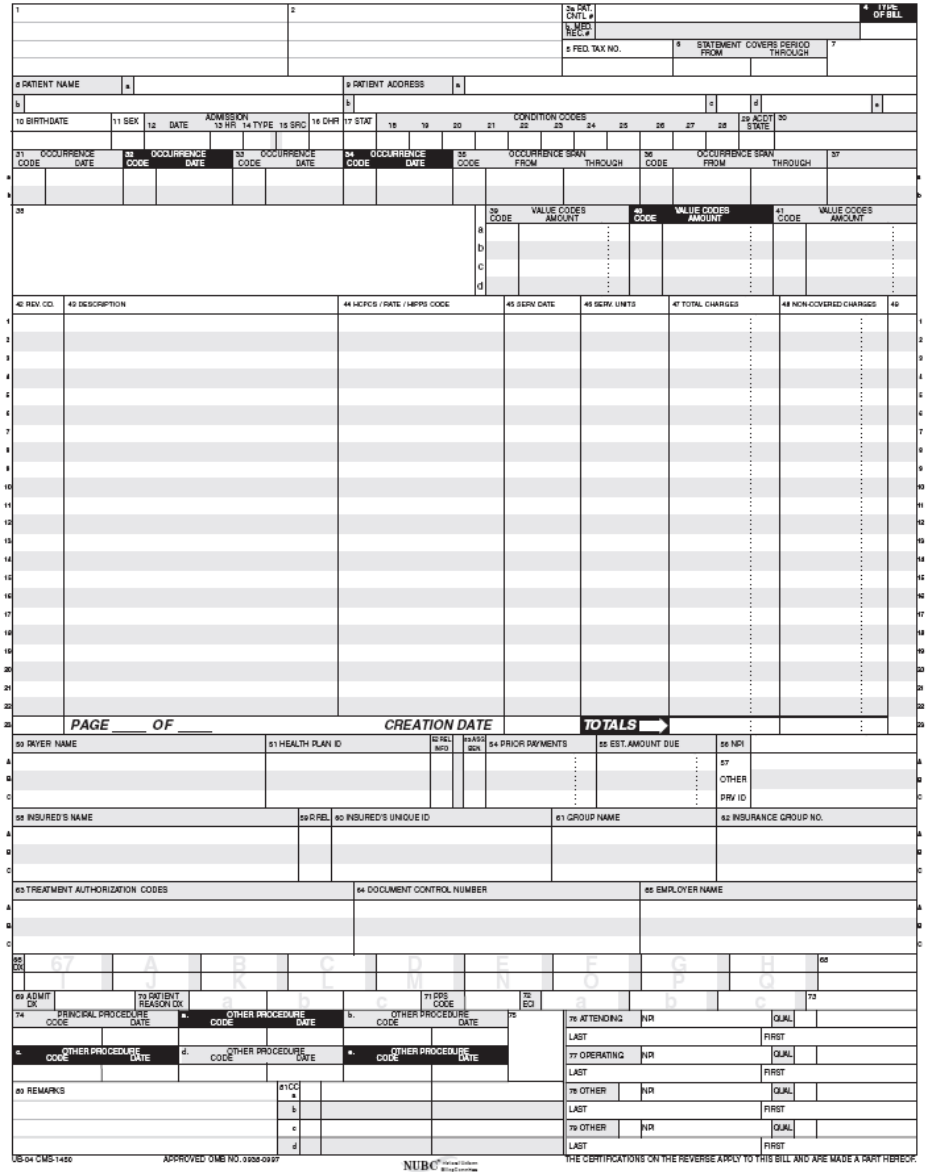


CMAC provider classes

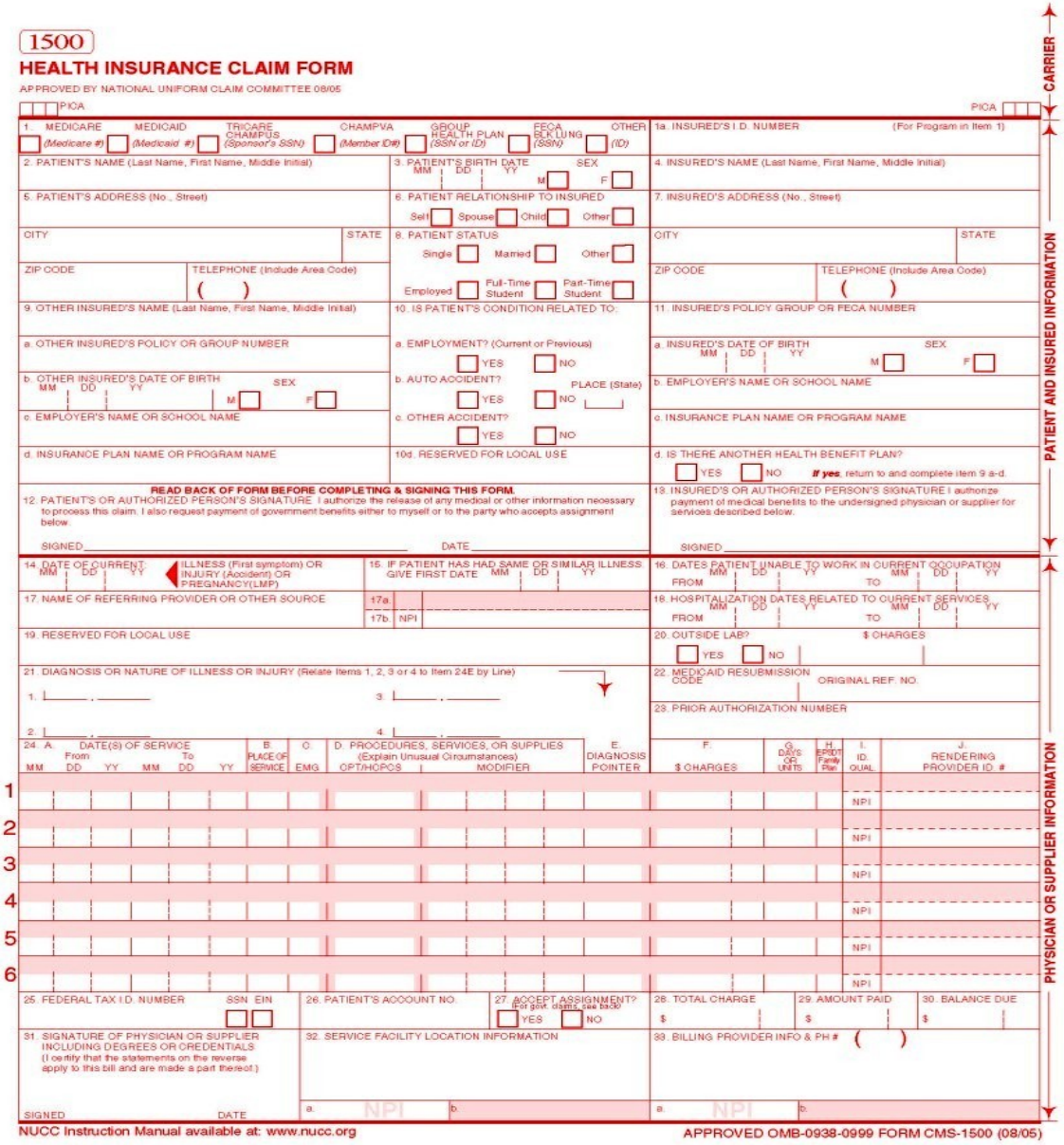
- CMAC provider classes are computed in CHCS based on the provider specialty, as mapped through HIPAA taxonomy
- Select CMAC rate based on the class of provider:
  - Class 01 is the physician class, pertaining to Medical, MD, and DOs (including clinical lab procedures that are not Medical, MD, or DO related)
  - Class 02 is the psychologist class, pertaining to PHDs and Psychologists
  - Class 03 is other mental health providers
  - Class 04 is extra medical provider (non-mental health only)

- No standard system available
- Air Force is working on a universal billing system for MAC
- Billing methods currently available are:
  - Submit bills to SJA on AF Form 438
    - If this is working for your MTF then continue with this process
  - TPOCS read-only access and manually complete billing forms on typewriter or other system
    - UB-04
    - CMS 1500

UB-04


1
2
3a PAT. CNTL #
b. MED REC. #
4 TYPE OF BILL
5 FED. TAX NO.
6 STATEMENT COVERS PERIOD FROM THROUGH
7
8 PATIENT NAME
9 PATIENT ADDRESS
10 BIRTHDATE
11 SEX
12 DATE
13 HR
14 TYPE
15 SRC
16 DHR
17 STAT
CONDITION CODES
29 ACDT STATE
30
31 OCCURRENCE CODE DATE
32 OCCURRENCE CODE DATE
33 OCCURRENCE CODE DATE
34 OCCURRENCE CODE DATE
35 OCCURRENCE SPAN CODE FROM THROUGH
36 OCCURRENCE SPAN CODE FROM THROUGH
37
38
39 VALUE CODES CODE AMOUNT
40 VALUE CODES CODE AMOUNT
41 VALUE CODES CODE AMOUNT
42 REV. CD.
43 DESCRIPTION
44 HCPCS / RATE / HIPPS CODE
45 SERV. DATE
46 SERV. UNITS
47 TOTAL CHARGES
48 NON-COVERED CHARGES
49
PAGE ____ OF ____
CREATION DATE
TOTALS
50 PAYER NAME
51 HEALTH PLAN ID
52 REL INFO
53 ASG BEN
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE
56 NPI
57 OTHER PRV ID
58 INSURED'S NAME
59 P REL
60 INSURED'S UNIQUE ID
61 GROUP NAME
62 INSURANCE GROUP NO.
63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME
66 DX
67
A B C D E F G H I J K L M N O P Q
68
69 ADMIT DX
70 PATIENT REASON DX
a b c
71 PPS CODE
72 ECI
a b c
73
74 PRINCIPAL PROCEDURE CODE DATE
a. OTHER PROCEDURE CODE DATE
b. OTHER PROCEDURE CODE DATE
75
c. OTHER PROCEDURE CODE DATE
d. OTHER PROCEDURE CODE DATE
e. OTHER PROCEDURE CODE DATE
76 ATTENDING NPI QUAL LAST FIRST
77 OPERATING NPI QUAL LAST FIRST
78 OTHER NPI QUAL LAST FIRST
79 OTHER NPI QUAL LAST FIRST
80 REMARKS
81CC
a
b
c
d
UB-04 CMS-1450
APPROVED OMB NO. 0938-0997
NUBC
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

CMS 1500



1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) TRICARE CHAMPUS (Sponsor's SSN) CHAMPVA (Member ID#) GROUP HEALTH PLAN (SSN or ID) FECA BLK LUNG (SSN) OTHER (ID)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. PATIENT STATUS Single Married Other

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

Employed Full-Time Student Part-Time Student

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. AUTO ACCIDENT? YES NO PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. 3.

2. 4.

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1								NPI	
2								NPI	
3								NPI	
4								NPI	
5								NPI	
6								NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. BALANCE DUE $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

TRICARE Management Activity
Uniform Business Office

Martin Army Community Hospital
Uniform Business Office
Medical Affirmative Claims (MAC)
Army

Statutory Authority

- Title 42 U.S.C. §§ 2651-2653 : Federal Medical Care Recovery Act (FMCRA): U.S. Government right to recover the reasonable value of care provided at government expense resulting in an injury or illness creating a tort liability upon some third party person
- Title 10 U.S.C. 1095 provides authority for Military Treatment Facility (MTF) to collect the reasonable cost for care from third party payers
- Army Regulation 40-400, Chapter 13, Injury and Illness Cases-Medical Affirmative Claims*
- Army Regulation 27-20, Army Claims*
- Army Pamphlet 27-162, Claims Procedures*
- Department of the Army Memorandum of Agreement between OTJAG and OTSG, Medical Affirmative Claims, dated April 1992*
- TMA, Army MEDCOM, and Army OTJAG Memorandum of Agreement, TMA Reimbursement to Army for Support of Medical Affirmative Claims Program, dated January 2009*

** references are available on Army UBO web site at https://www.us.army.mil/suite/page/624107*

MAC Collections

- MAC collections from all forms of tort liability or contractually based insurance to include lost time of a Service member
  - Automobile, motorcycle, boat, and airplane
  - Slips and falls
  - On-premise accidents
  - Workers' compensation (other than Active Duty and Federal employees) medical care reimbursement for employment related to an injury
  - Product or equipment malfunctions or failures
  - Medical malpractice by a civilian provider

Responsibilities

- Staff Judge Advocate (SJA): Assert, pursue, and settle claims
- MAC Billers: Review the injured party's medical record and generate applicable claims
- MTF Clinic: Uses MAC enhancement application to assist in identifying patient with injuries
- Coders: Ensure accuracy of coding and verify the encounter is within coding compliance guidelines

1. The Staff Judge Advocate (SJA) will interview the patient at the point of entry regarding accident information (how, when, where). This includes outpatient care, pre-admission, and admission interviews.
   a) The SJA will promptly notify the MTF MAC personnel through request memo and questionnaire established by the MTF and SJA
   b) Once MAC personnel receive the above information, he/she will review the injured party's medical records, screen admitting, emergency room, physical therapy, outpatient clinic lab and radiology encounters, ambulance blotters and insurance disclosure forms; TRICARE information Portals (T.I.P.S.), and work release requests for potential MAC cases
   c) Once all information is collected, the MAC personnel will combine all information gathered and generate applicable claims (UB-04, CMS 1500, TRICARE) for payment. He/she will provide accurate computation of claims, provide copies of paid vouchers for patients treated in the MTF or in civilian facilities (supplemental care, etc.), and supporting medical records as requested by the SJA
   d) Separation of duties in the MTF: personnel performing MAC-related billing duties are not also performing claims-related collection/depositing functions

2. SJA should inform the MTF under which authority the claim will be made 10 U.S.C. 1095 or FMCRA 42 U.S.C. 2651-2654
   a) MAC claims that are asserted against third party payer, such as auto, PIP, medical coverage, or auto liability insurance. The recovery authority is concurrently 10 U.S.C. 1095 and FMCRA
   b) FMCRA is the recovery authority for MAC claims that will be asserted against a non-auto liability third party payer in cases such as medical malpractice, slip and fall, or directly against the tortfeasor

TRICARE Management Activity
Uniform Business Office

Medical Affirmative Claims
Navy

Medical Affirmative Claims (MAC)

- Navy authority: 32 CFR §§ 757.11 – 757.20 Subpart B—Affirmative Claims Regulations--Medical Care Recovery Act (MRCA) Claims
- MAC activities involve billing all areas of liability insurance
  - Vehicle accidents – automobile, motorcycle, boating, helicopter
  - Homeowner's and renter's – asbestos
  - Medical malpractice – physician error or misdiagnosis
  - Workers' compensation – treatment/care provided to beneficiaries for work-related injuries
- Does not include care/treatment provided to Federal employees or Active Duty Military personnel who are injured on their DoD job

DEERS and Insurance Update

- NOTE: User will have to first identify the MAC or Dental patient and then obtain the ADM/Clinical encounter data (diagnosis codes and procedure codes) using ADM reports, and any associated Laboratory, Radiology, or Pharmacy data associated with the patient encounter(s). This information is required before the user can create the claim in TPOCS.

- UBO MAC Billing Clerks must provide training to all departments / clinics / ancillary services in the MTF on Medical Care Recovery Program / MAC on a regular basis.

MAC Billing Preparation and Capturing All Patient Visits

- Obtain all medical records and other documentation that support the care/service related to the injury.
- Identify inpatient and outpatient care and ancillary services provided since the date of accident/injury illness that are related.
- Generate appropriate claim forms to be provided to Medical Care Recovery Unit (MCRU). Navy, Army, Air force, JAG and USCG.
- Maintain a file of the submitted claims.
- Send monthly report to Regional UBO Manager.

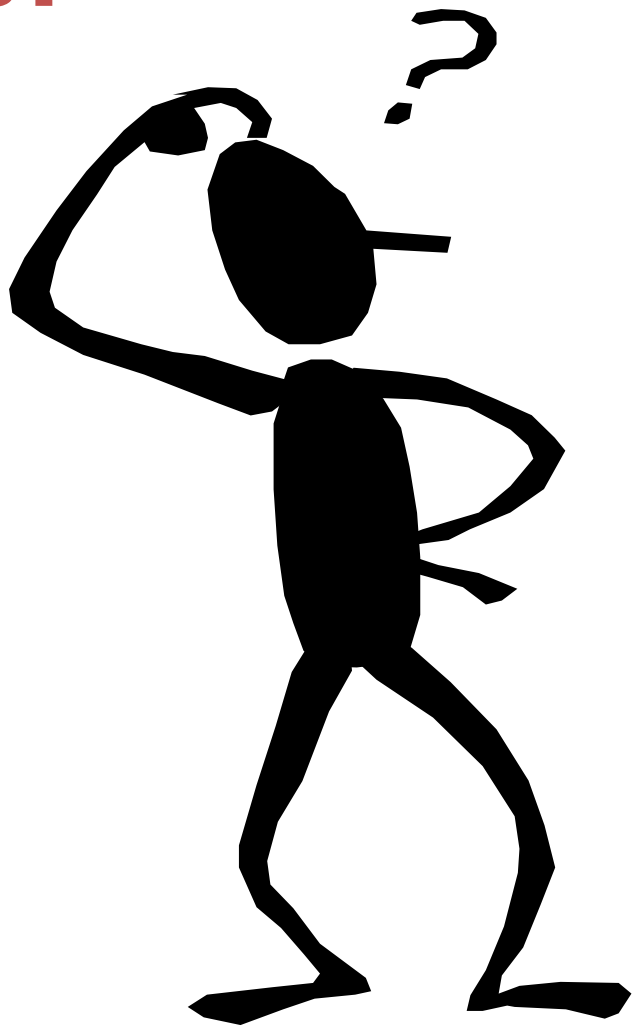
MAC Preparation

- Completed MAC Questionnaire
- Request from Military JAG
- Request from Attorney or insurance Company
- TPOCS:
  - Patient Data entered into TPOCS
  - Set-up Military Legal billing location
  - Print AHLTA Notes or request Medical Record
  - Print DPA (Display of appointments)
  - Print ADS for all related visits
  - Print RAD/LAB, pharm and related visits
- Review all notes
- Forward to Coders- if not coded
- Create manual bills
- Print and post all bills
- Completed NAVJAG 5890, UB-04 , 6010/142 Dental (Superbill)
- UBO Manager reviews & signs completed admission packet
- Mail and scan to MCRU
- MCRU will send request for final or additional billing if required

Additional MAC Report

- MAC ER ADHOC Report
  - Used to capture all possible Third Party Liability
- Ensure all patient information is correct and updated in CHCS
- If the patient's address provided is his / her duty station, ensure the address is correct, including the contact phone number.

Questions?



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–View the entire broadcast

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–View the entire archived webinar (free and available on demand at http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm)

–Complete a post-test available *within* the archived webinar

–E-mail answers to UBO.LearningCenter@altarum.org

–If you receive a passing score of at least 70%, we will e-mail MHS personnel with a .mil email address a Certificate of Approval including an AAPC Index Number

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- Other organizations, such as American Health Information Management Association (AHIMA), American College of Healthcare Executives (ACHE), and American Association of Healthcare Administrative Managers (AAHAM), may also grant credit for TMA UBO Webinars. Check with the organization directly for qualification and reporting guidance.